

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565538

FILING DATE

01-23-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4				1		
5				1		
6				1		
7			2			
8			2			
9				1		
10				1		
11				1		
12			1			
13				1		
14			1			
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22			2			
23			2			
24			1			
25				1		
26				1		
27				1		
28				1		
29				1		
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48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		20	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						